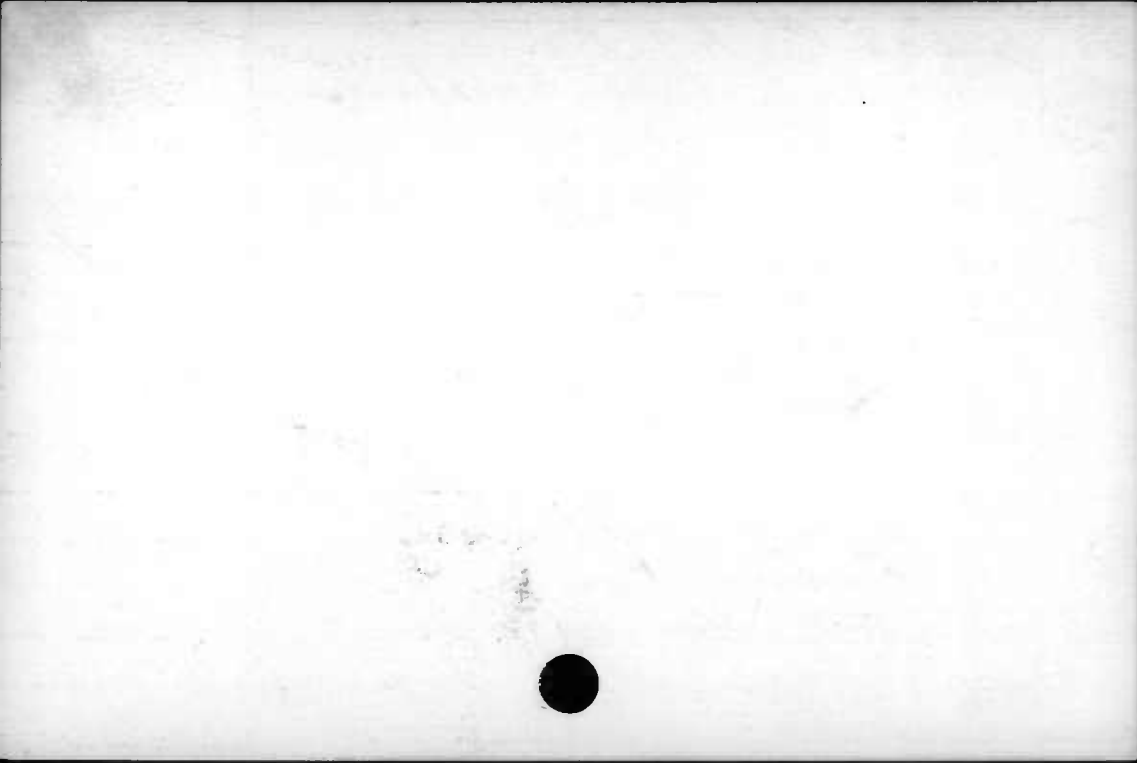


Name in Full		Albert E. B. Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Taylor's Island.	County Dorchester		MARYLAND	
	Date of death		Month 1905 July	Day 13	Years —	Months 10	Days —
	Sex	Male		Color or Race	Caucasian		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name		Wm. B. Barnes			Father's Birthplace	
	Mother's Maiden Name		Edith M. Peters			Mother's Birthplace	
	Name of person giving information		Wm. B. Barnes			How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cholera Infantum			How long	
						6 days	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician	
					Address		
					J. K. Shriver Jr.		
					Taylor's Island		
					Md.		
Accident or Suicide?							



Name
in
Full

Harnot Bonley

CERTIFICATE OF DEATH

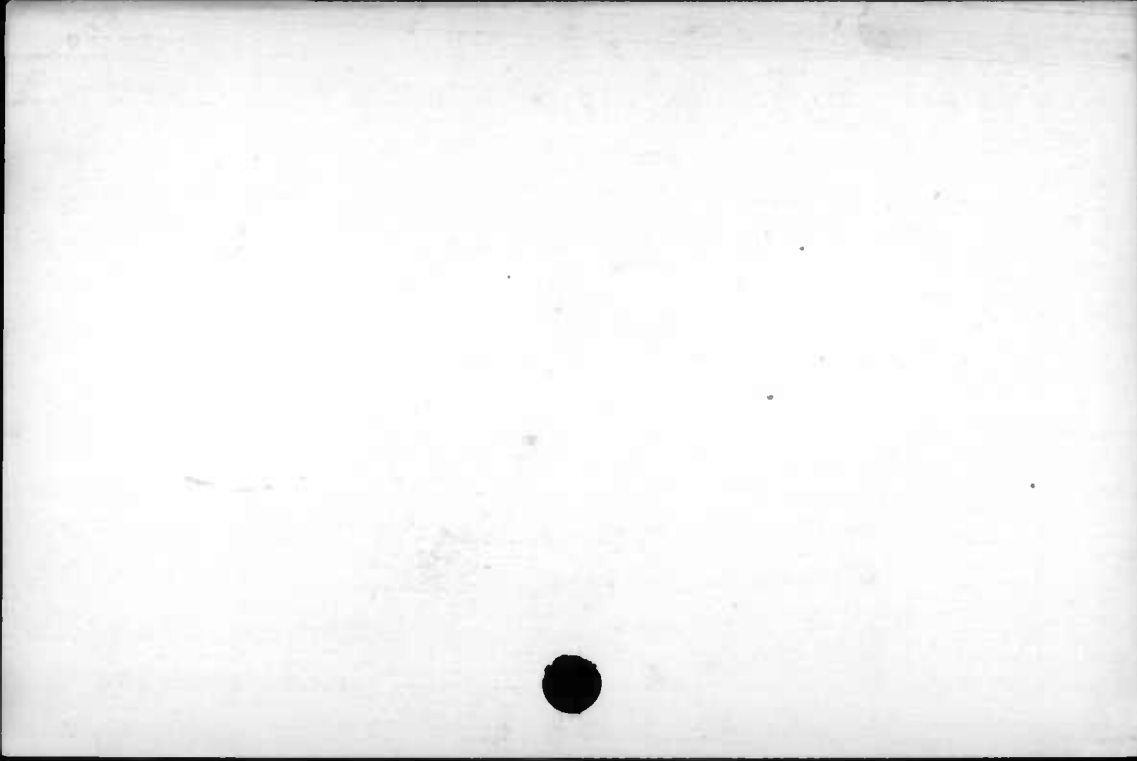
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1905</u> Month <u>July</u>	Day <u>9</u>	Age <u>45</u> Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Dorchester Co Md</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Jr M Bonley</u>				
Father's Name <u>Samuel Spice</u>	Father's Birthplace <u>Dorchester Co Md</u>				
Mother's Maiden Name <u>Henry Spice</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Maja Bonley</u>	How related to deceased <u>Son</u>				

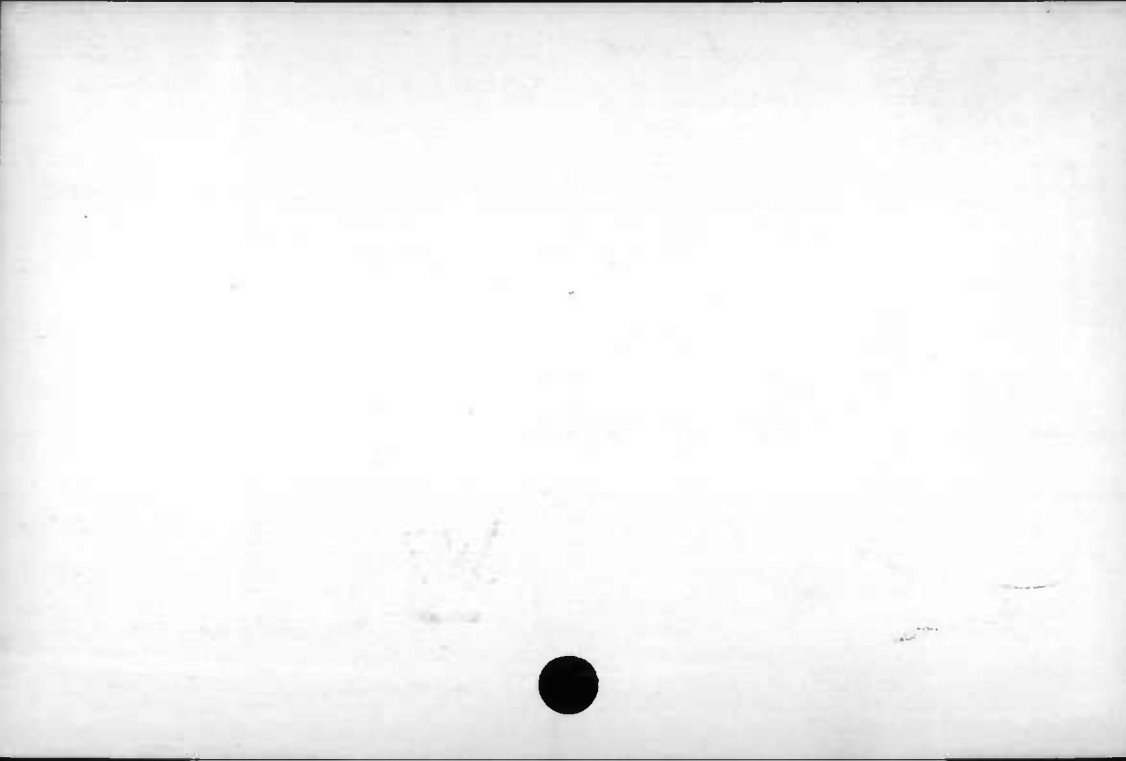
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary & Lethis</u>	How long <u>About one Year</u>
Immediate <u>Exhaustion</u>	How long <u>Seven weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. A. Bonney</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide?	



Name in Full		Bradshaw				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cauldage		Dorchester		MARYLAND	
	Date of death	1905	July	10	Age	2	27
	Sex	male		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	L. W. Bradshaw				Father's Birthplace	Cauldage, Md
	Mother's Maiden Name	Ethel L. Cook				Mother's Birthplace	Wicomico, Md
Name of person giving information	L. W. Bradshaw				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Colitis				How long	Several weeks
	Immediate	Convulsions				How long	A few hours
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				B. M. Gola, M.D.		
	Address				Cauldage, Md		
Accident or Suicide?							



Name
in
Full

Mrs 13 Brooklyn

CERTIFICATE OF DEATH

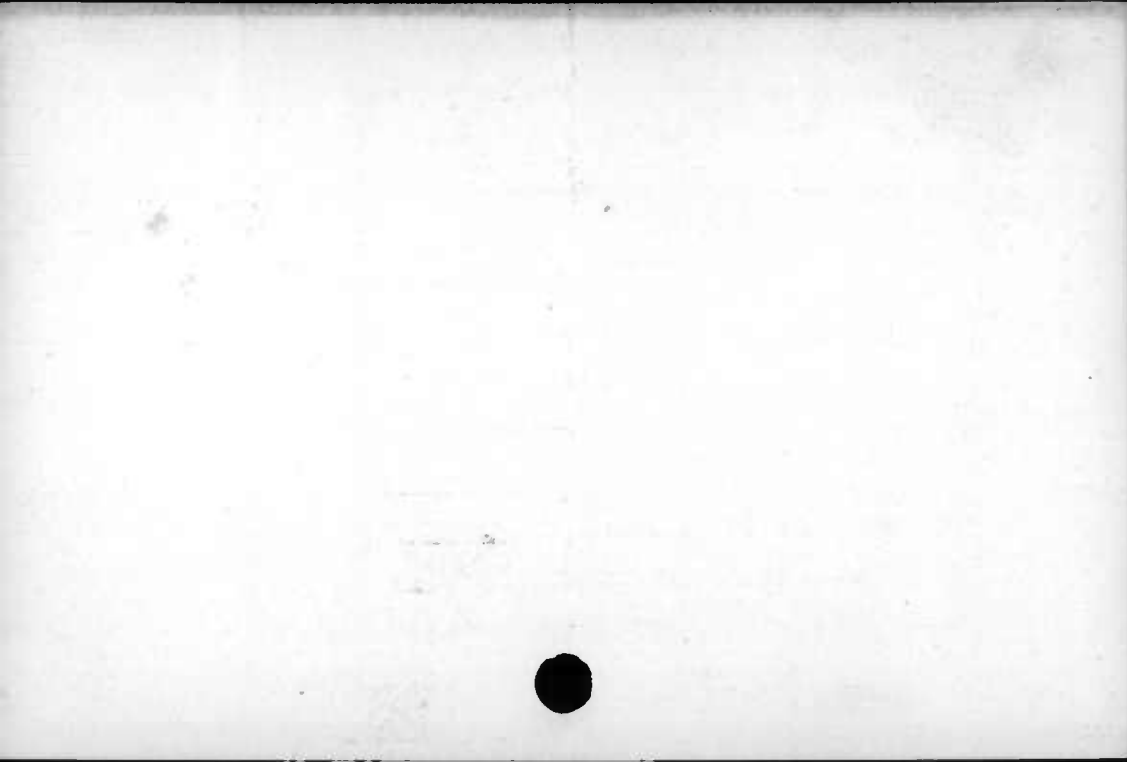
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	4	37			
Sex	Female		Color or Race	white		Birth-place	
Occupation	Home wife		Where Residing if not at place of death		Dorchester Co.		
Married, Single	Name _____		Husband				
Father's Name		Hahn				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer Rectum	How long	18 mos.
Immediate	Inanition	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. Brothman	
Address		Brooklyn	
Accident or Suicide?		No	



Name
in
Full

Elizabeth Bromwell

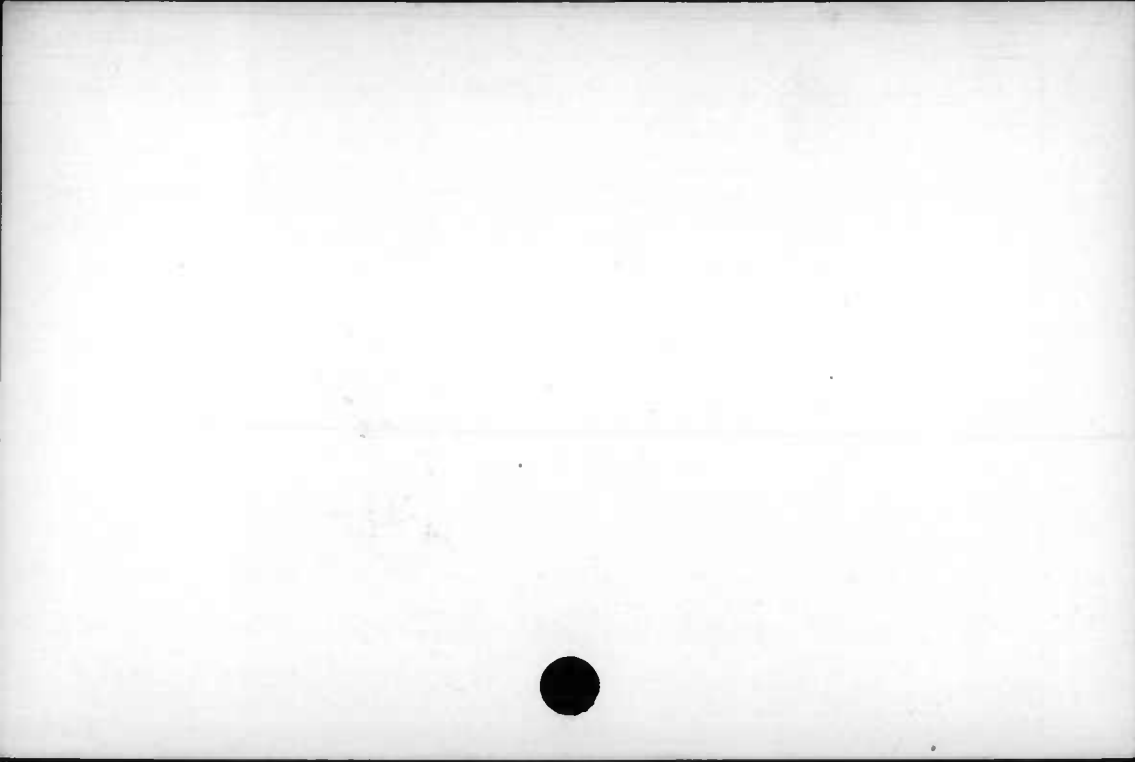
CERTIFICATE OF DEATH

Died at		Madison		County		Derbyshire		MARYLAND	
Date of death		1905		Month		July		Day	
		15		Age		23		Years	
Sex		Female		Color or Race		White		Birth-place	
								Woodford, Md	
Occupation		Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Robert Bromwell			
Father's Name		Thomas Brannock		Father's Birthplace		Woodford, Md.			
Mother's Maiden Name		Mary Mills		Mother's Birthplace		" "			
Name of person giving information		Myself		How related to deceased		Not at all			

CAUSES OF DEATH

Primary	Acute Gastritis	How long	about a week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		as nearly as I can	
Signature of Physician		B. L. Smith M.D.	
Address		Madison, Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Cambridge ^{County} DorchesterDate of death 1905 ^{Month} July ^{Day} 7 ^{Age} 53 ^{Years} ^{Months} ^{Days}Sex Male ^{Color or Race} White ^{Birth-place} Md.Occupation Plumber ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Mrs. Emma Brown (Anderson)Father's Name ^{Father's Birthplace}Mother's Maiden Name ^{Mother's Birthplace}Name of person giving information J. Frank Brown Jr. ^{How related to deceased} Son.

CAUSES OF DEATH

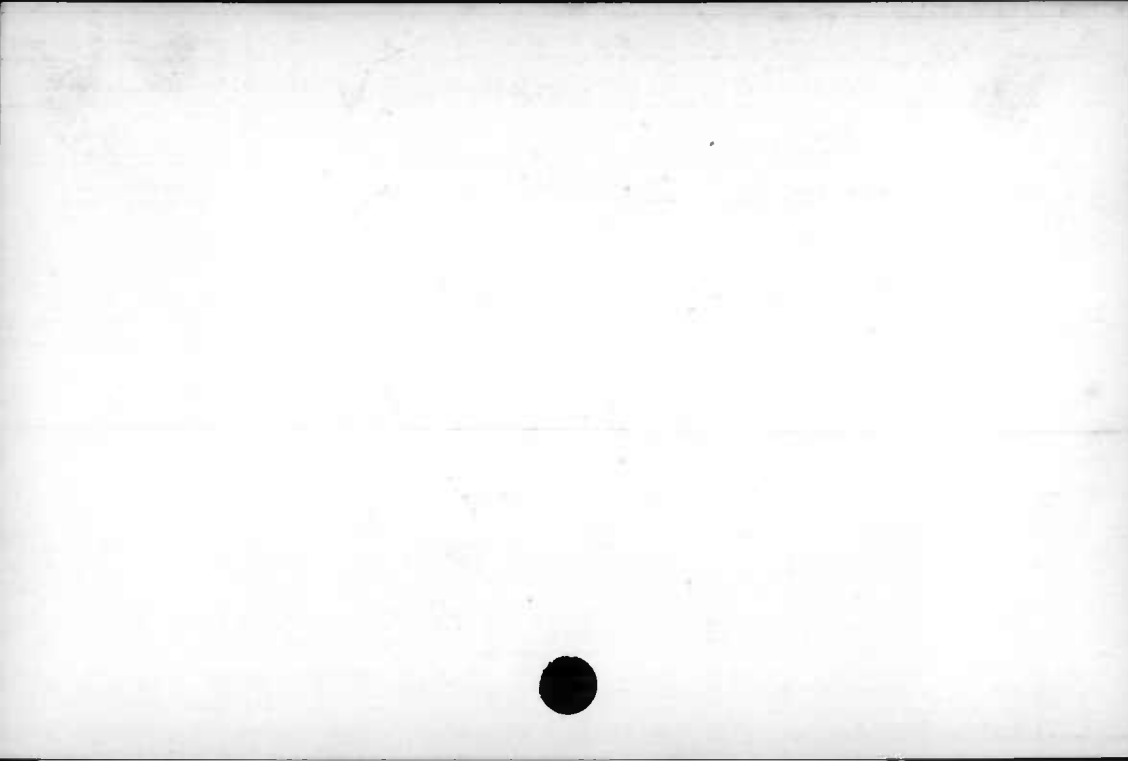
Primary Appendicitis & Peritonitis ^{How long}Immediate Nervous Collapse following operation ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Alberta Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salina ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 1905 7 ^{Month} 28 ^{Day} Age 43 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race White Birth-place County—

Occupation House work Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Dead

Father's Name Wm Johnson Father's Birthplace County—

Mother's Maiden Name Hannah Wilson Mother's Birthplace "

Name of person giving information D. J. Wilson How related to deceased Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

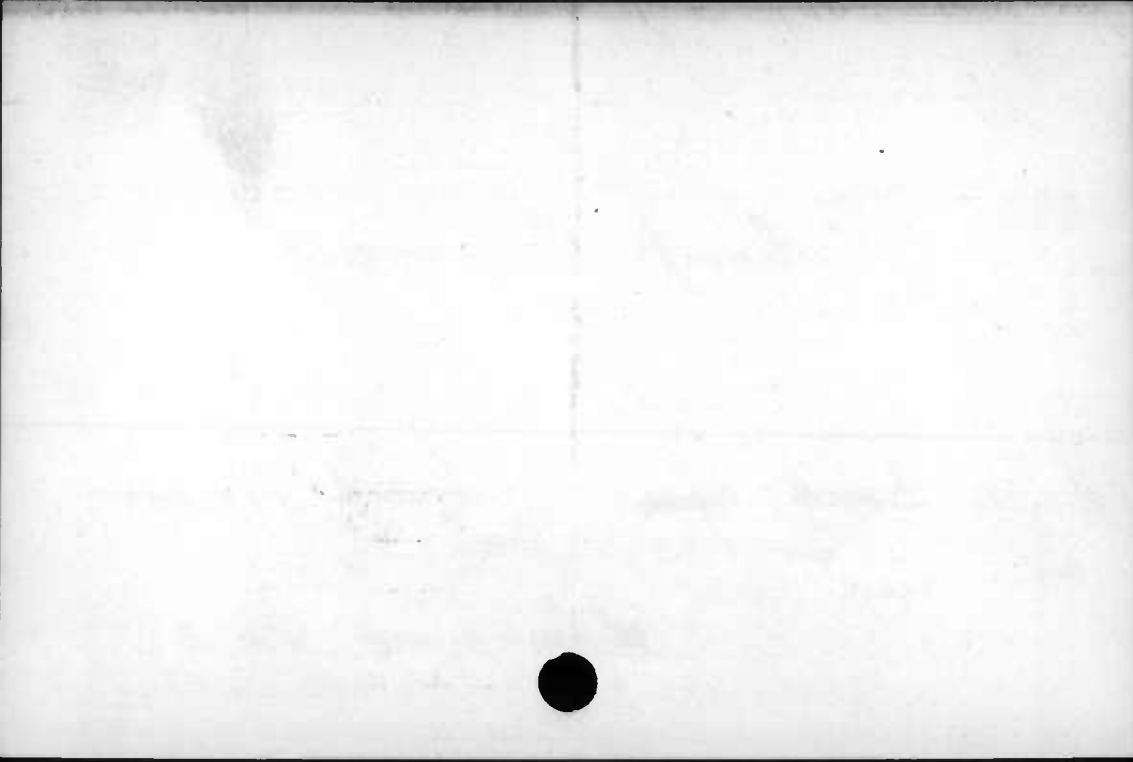
Primary Typhoid fever ☒ How long One week

Immediate Pericarditis ☒ How long Two days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. B. Brothman

Address Frederick, Md.

Accident or Suicide?, ☐



Name in Full

Certificate of Death

Died at

Robert Conway
Town Salem

County

Dr.

MARYLAND

Date 19

05

Month

Day

7 16

Age

36

Y.

M.

D.

Native of

Md.

Occupation

Farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name
in
Full

Helen. Eliz. Gorkran

CERTIFICATE OF DEATH

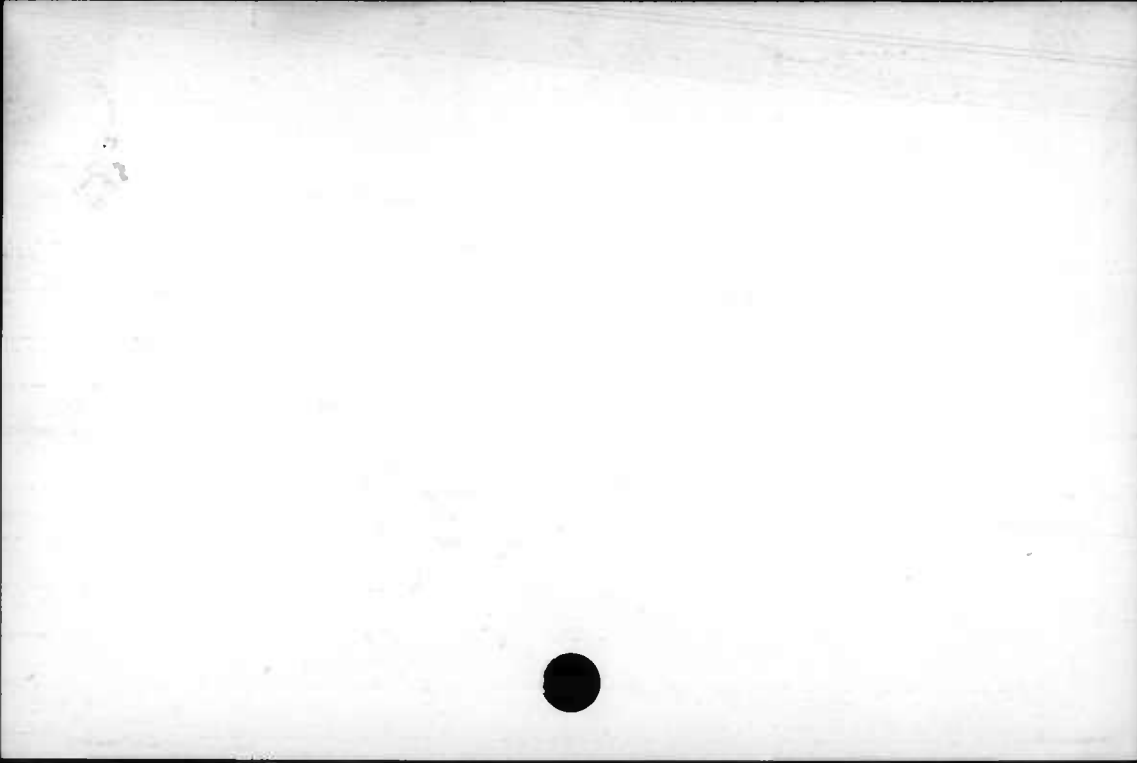
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lloyds</u> ^{Town}		<u>Borchester</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month} <u>July</u> ^{Day} <u>15</u> ^{Years}	Age		Months <u>4</u>	Days <u>1</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth- place	<u>Cambridge Md.</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Norman H Gorkran</u>		Father's Birthplace	<u>Virginia</u>
Mother's Maiden Name		<u>Ethel E. Thomas</u>		Mother's Birthplace	<u>Md.</u>
Name of person giving Information		<u>N H Gorkran</u>		How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>10 days</u>
Immediate	<u>Meningitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>S A Stokes</u>
		Address	<u>#5 Cambridge</u> <u>Md</u>
Accident or Suicide?			



Name
in
Full

Jas. Cornish

CERTIFICATE OF DEATH

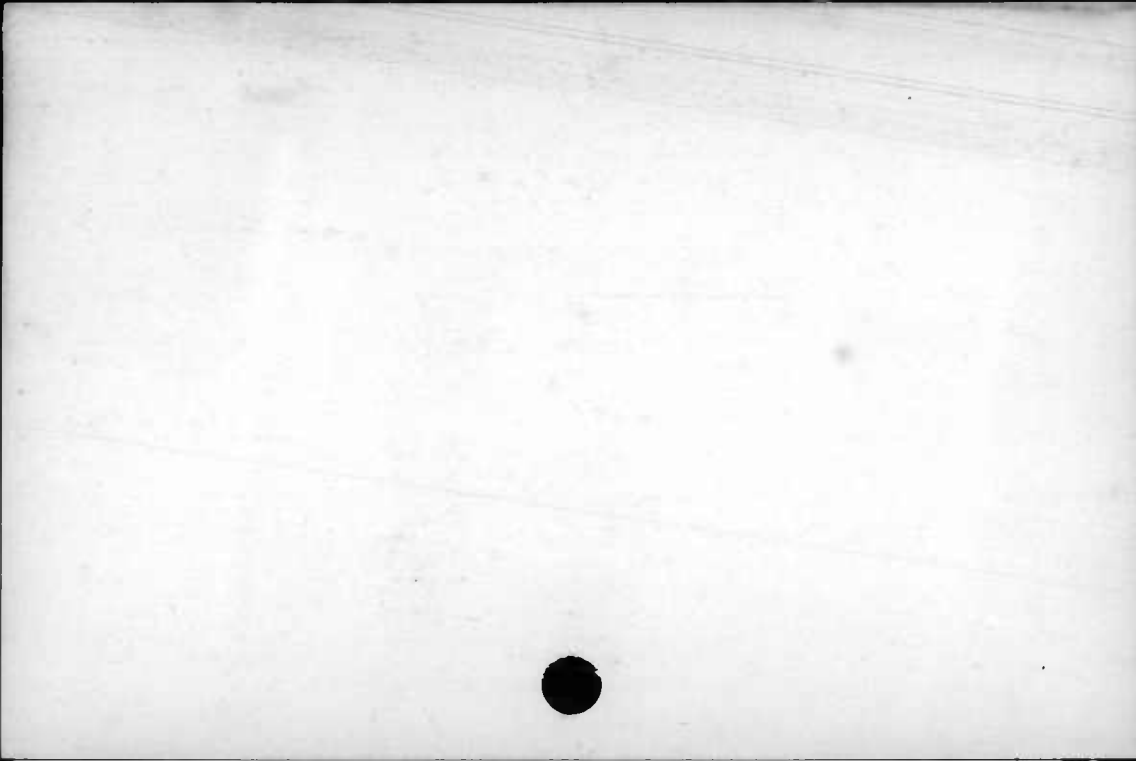
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amey</i> Town		<i>Longwood</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>July</i>	Day <i>26</i>	Age <i>65</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Longwood</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>Cambridge Md</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs. W. L. L. L.</i>			How related to deceased <i>Employer</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cor. disc. Ar. Throm.</i>	How long <i>for years</i>
Immediate <i>acute heart failure (died 2 1/2 hrs)</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Stettin</i>
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

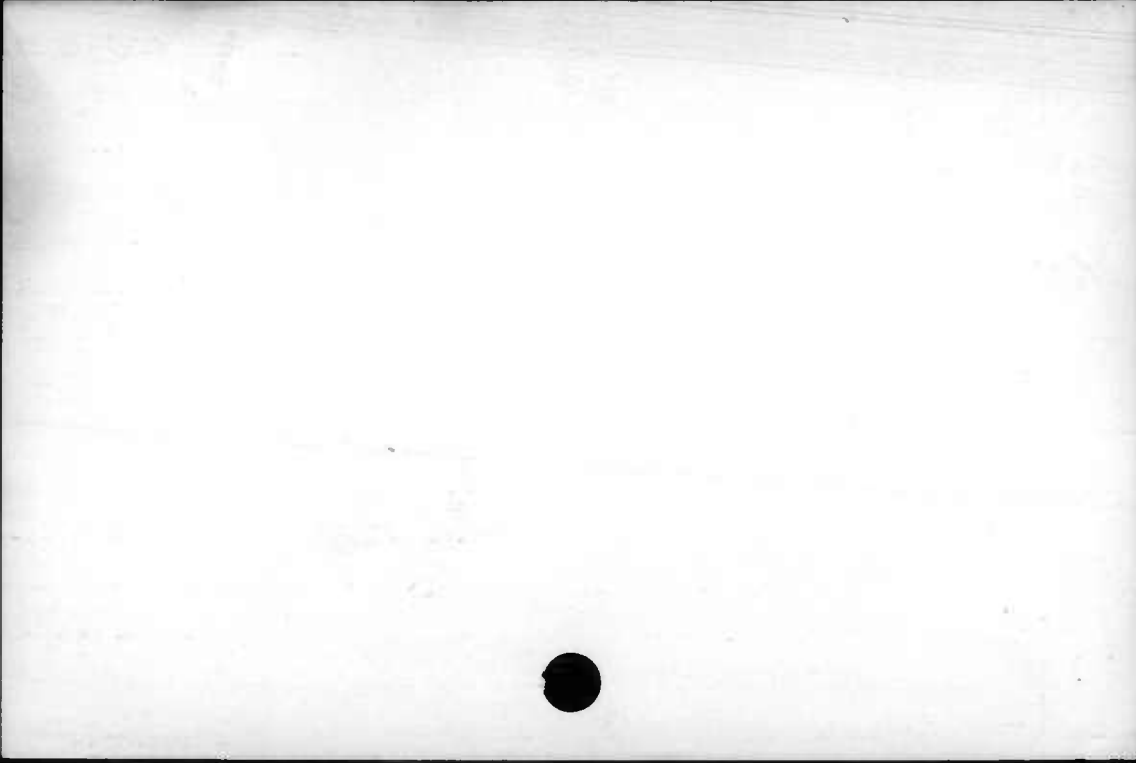
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i>		Town <i>Cornish</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1905	Month	July	Day	22	Age	Years <i>—</i> Months <i>3</i> Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>African</i>		Birth-place	<i>Md</i>
Occupation	<i>—</i>		Where Residing if not at place of death		<i>—</i>		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Sam'l F. Cornish</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Mary F. Cornish</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Sam'l F. Cornish</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jos. K. Shriver, Jr.</i>
		Address	<i>Taylor's Island, Md.</i>
Accident or Suicide?	<i>—</i>		<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

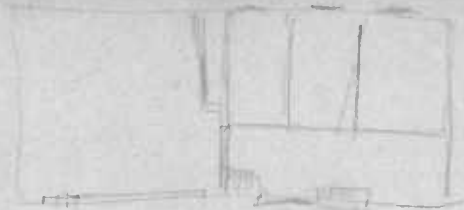
TO BE ANSWERED BY
NEAREST FRIEND

Died at. <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>July</i>	Day <i>16</i>	Age <i>34</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Dr. Canal</i>		
Occupation <i>Coal Worker</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Pinder</i>			
Father's Name <i>Charles Dutton</i>			Father's Birthplace <i>Dr. Canal</i>		
Mother's Maiden Name <i>Franklin</i>			Mother's Birthplace <i>Dr. Canal</i>		
Name of person giving information <i>Frank Dutton</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Harry Steele</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

Lucille E. Gray

CERTIFICATE OF DEATH

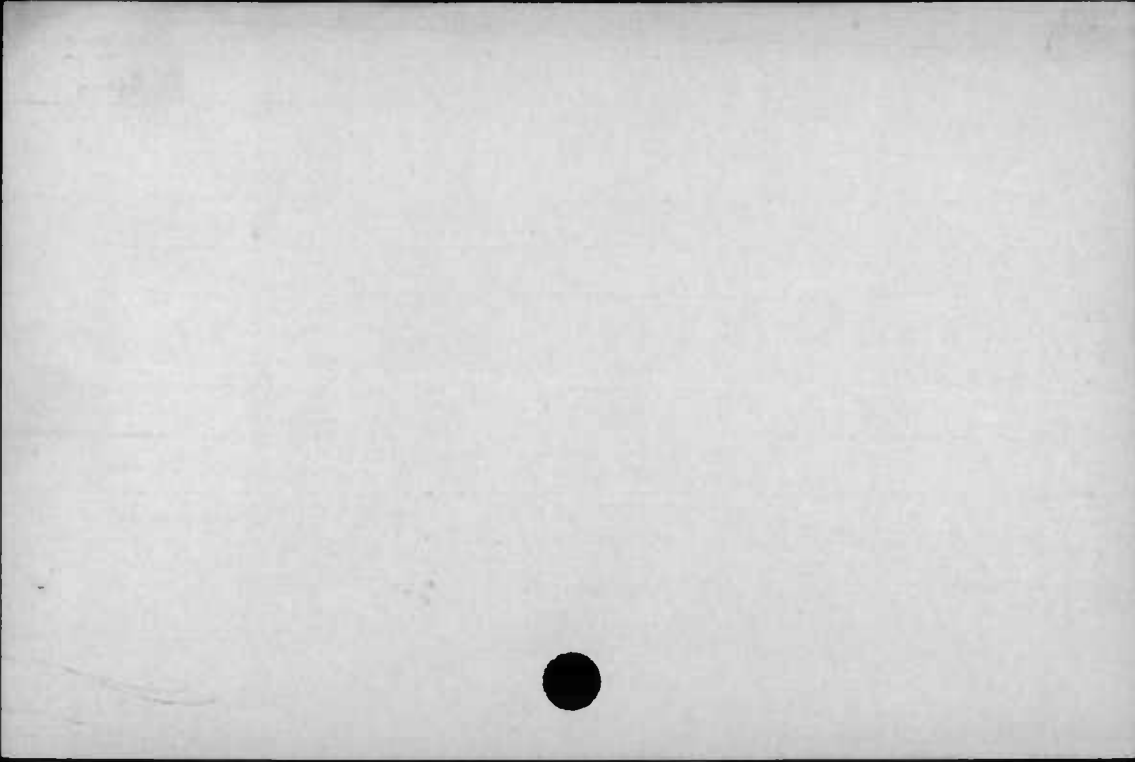
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cauling</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	<u>1905</u>	Month	<u>July</u>	Day	<u>15</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Years	<u>1</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		Months	<u>10</u>
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		Birth-place	<u>Cauling Md</u>
Father's Name <u>W. P. Gray</u>		Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Eliza J. Griffith</u>		Mother's Birthplace <u>W. Va</u>			
Name of person giving information <u>Mrs E. J. Gray</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enter. Colitis</u>	How long	<u>10 day</u>
Immediate	<u>meningitis</u>	How long	<u>2 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. E. L. Loring</u>	
		Address <u>Cauling Md</u>	
Accident or Suicide?			



Name
in
Full

Mary F. Harfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lopusville</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month} <i>July</i>	<i>20</i> ^{Day}	Age <i>20</i> ^{Years}	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>				
Name of Wife or Husband <i>George Harfer</i>					
Father's Name <i>George Harfer</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>George V. Dixon</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving In formation <i>George Dixon</i>			How related to deceased <i>Brother-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. P. Power</i>
	Address <i>614</i>
Accident or Suicide?	<i>Ind</i>



Name
in
Full

Charlie Harman

CERTIFICATE OF DEATH

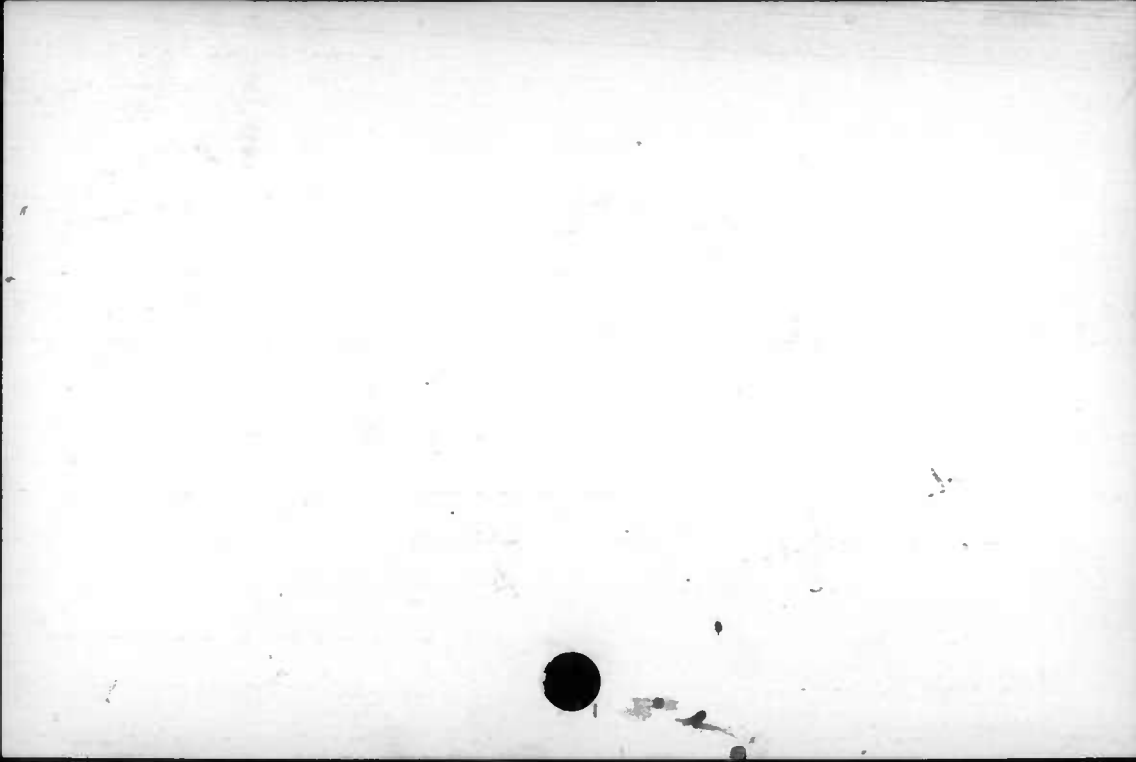
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		190	Month July	Day 20	Age 28	Years	Months Days
Sex Male		Color or Race African Colored		Birth- place Cambridge			
Occupation Laborer				Where Residing If not at place of death Cambridge Md			
Married, Single or Widowed		Name of Wife or Husband Eveline Harman					
Father's Name Geo. Harman		Father's Birthplace Virginia					
Mother's Maiden Name Eveline Harman		Mother's Birthplace Virginia					
Name of person giving information LeCompte Harper		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	13 years
Immediate	Lung Trouble	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician LeCompte Harper	
		Address Cambridge Md	
Accident or Suicide?			



Name
in
Full

May C. Henley

CERTIFICATE OF DEATH

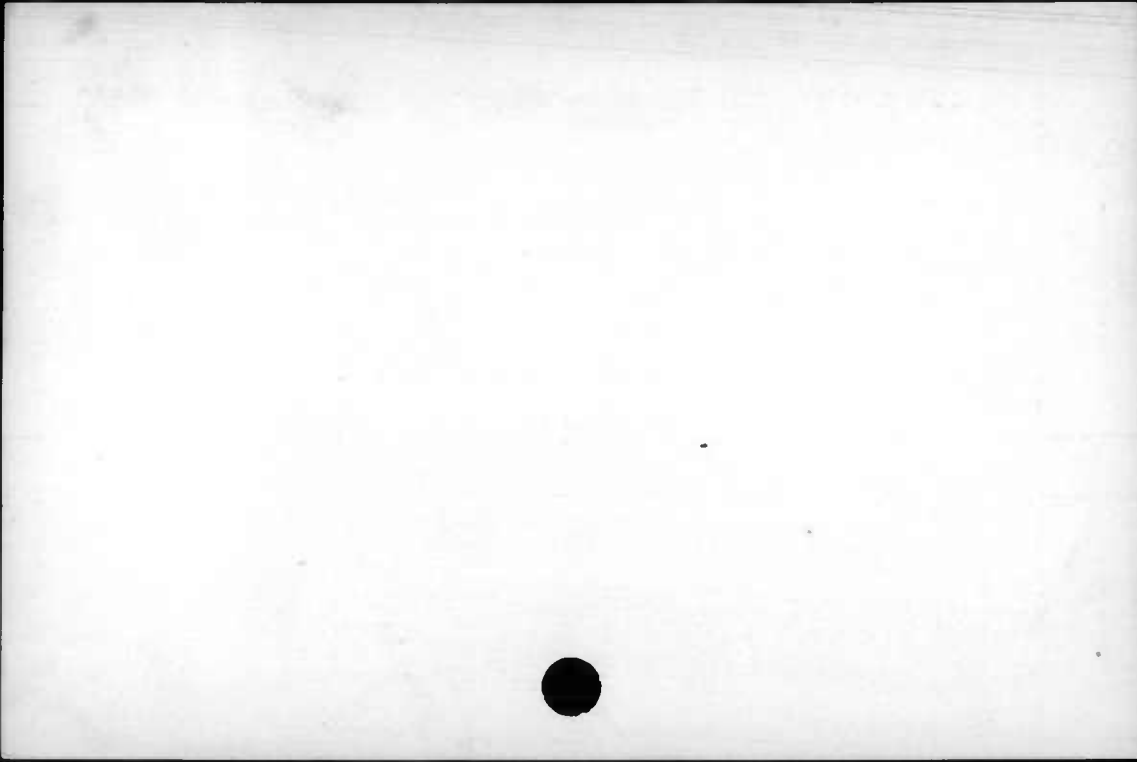
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1901	Month	July	Day	8
Age	43	Years		Months	1
Sex	Female	Color or Race	White	Birth-place	Cambridge
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name		Wm. Fountain		Father's Birthplace	
Mother's Maiden Name		Cuttingham		Mother's Birthplace	
Name of person giving information		John G. Henley		How related to deceased	
				Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Appendicitis typ. salpyng.	How long	7 days
Immediate	Peritonitis after operation	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Guy Steele	
Address		Cambridge Md.	
Accident or Suicide?			



Name

in
Full

Infant

Jackson (M.H.P.)

CERTIFICATE OF DEATH

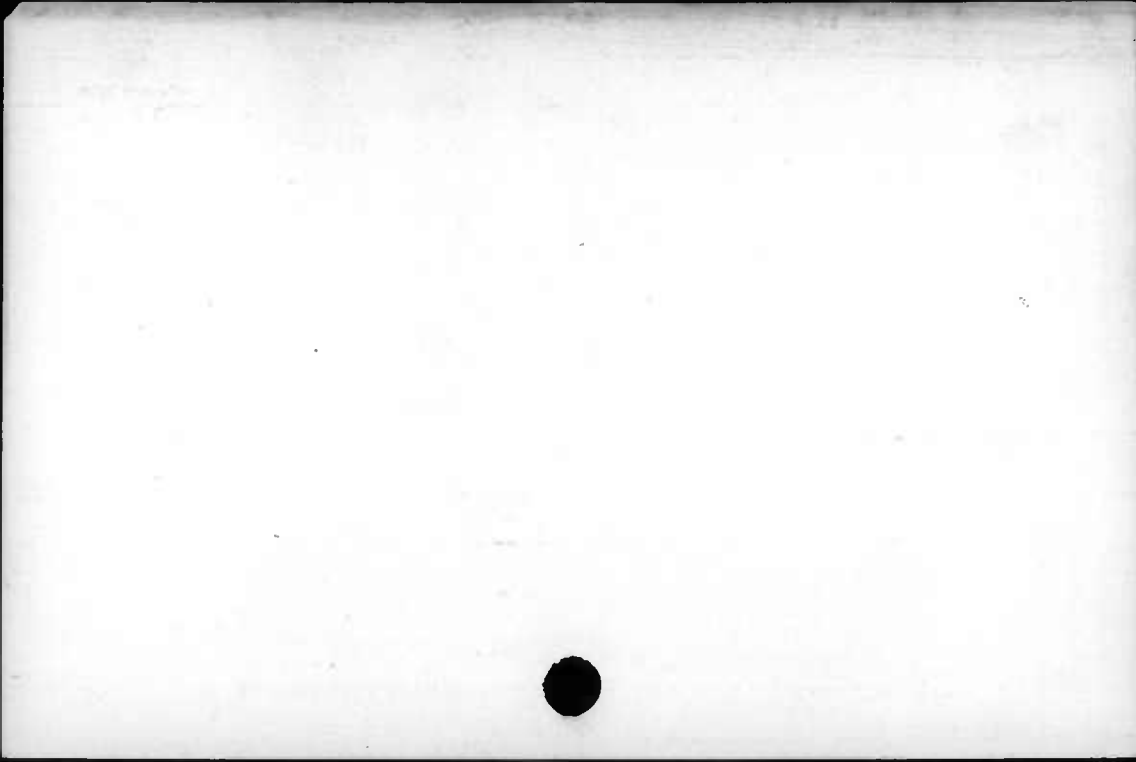
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bardonia</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>July</u> <small>Month</small>	<u>16</u> <small>Day</small>	<u>State Born.</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind.</u>		
Occupation <u>Child.</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Alexander Jackson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Alice Earl.</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Alexander Jackson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long
Immediate	<u></u>	How long
Are the name, age, sex, color, date and place correctly given above?		
<u>Yes</u>		Signature of Physician <u>E. W. Self</u>
		Address <u>Cambridge, Ind.</u>
Accident or Suicide?		



Name
in
Full

Arthur J. Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Vienna</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>16</i>	Years <i>17</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Parsonsburg</i>		
Occupation <i>Minior</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>Clayton G. Jackson</i>			Father's Birthplace <i>Parsonsburg</i>		
Mother's Maiden Name <i>Madora Oliphant</i>			Mother's Birthplace <i>Sitto</i>		
Name of person giving information <i>P. Watson Webb</i>			How related to deceased <i>Friend</i>		

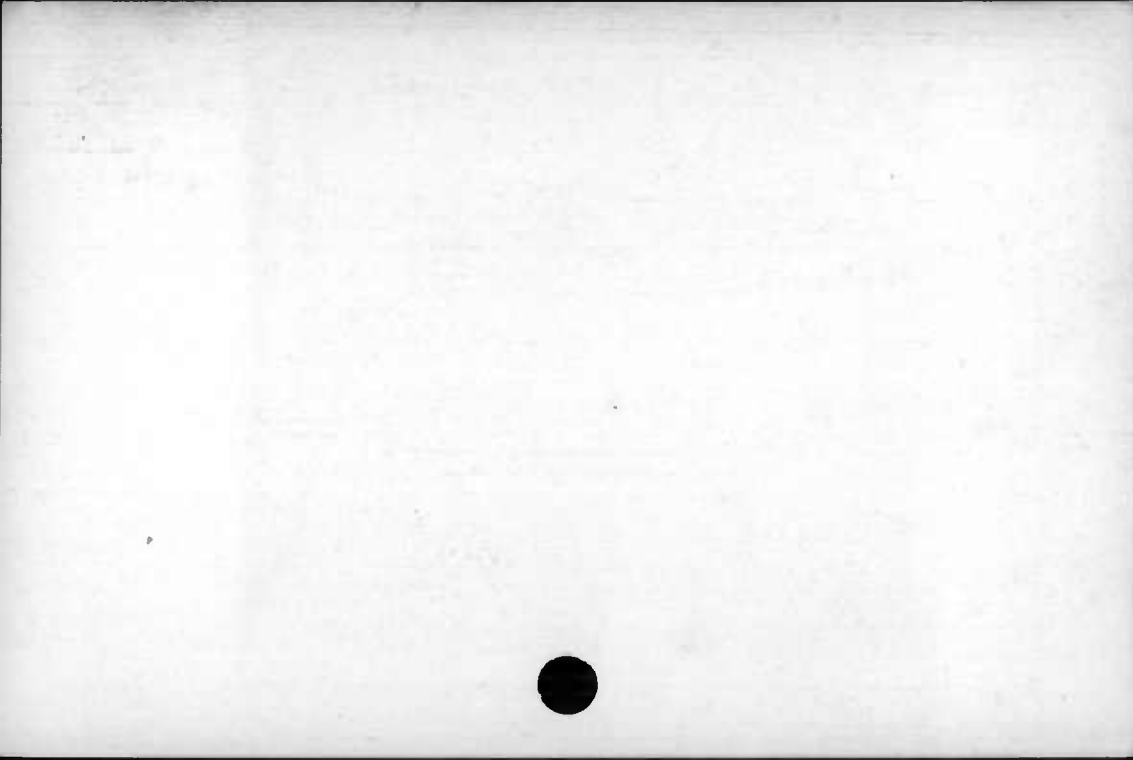
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowned</i>	How long —
Immediate <i>Asphyxia</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. J. Price</i>
	Address <i>Vienna, Maryland.</i>
Accident or Suicide?	



Name in Full		Rosa A. Kane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND		
	Date of death <u>1905</u> <small>Month</small> <u>July</u>		<u>19</u> <small>Day</small>		<u>4</u> <small>Months</small>		<u>—</u> <small>Days</small>
	Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Wm. Co. Md.</u>		
	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>John Kane</u>		Father's Birthplace <u>Wm. Co. Md.</u>				
	Mother's Maiden Name <u>Margaret Jones</u>		Mother's Birthplace <u>Wm. Co. Md.</u>				
Name of person giving information <u>Margaret Kane</u>		How related to deceased <u>Wife</u>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Enteritis</u>		How long <u>2 weeks</u>				
	Immediate <u>Exhaustion</u>		How long				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Guy Steele</u>				
			Address <u>Cambridge Md.</u>				
	Accident or Suicide?						



Name in Full		Levi Kiah				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge		Dorchester		MARYLAND	
	Date of death	1905	July	23rd	Age	About 55	Months _____ Days _____
	Sex	Male		Color or Race	Negro		
	Occupation	Lumberman		Where Residing if not at place of death	_____		
	Married, Single or Widowed	Married		Name of Wife or Husband	Sarah Jane Kiah		
	Father's Name	Frank Kiah		Father's Birthplace	Dorchester Co		
	Mother's Maiden Name	Harriett Dobson		Mother's Birthplace	Dorchester Co		
	Name of person giving information	Sarah Jane Kiah		How related to deceased	Wife		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Parenchymatous Nephritis			How long	Probably 1 year	
	Immediate	Uremia			How long	Three days	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dexter P Reynolds M.D.	
					Address	Cambridge Dorchester Co	
	Accident or Suicide?						

LeCompte & Harp

Name
in
Full

Anna Lewis

CERTIFICATE OF DEATH

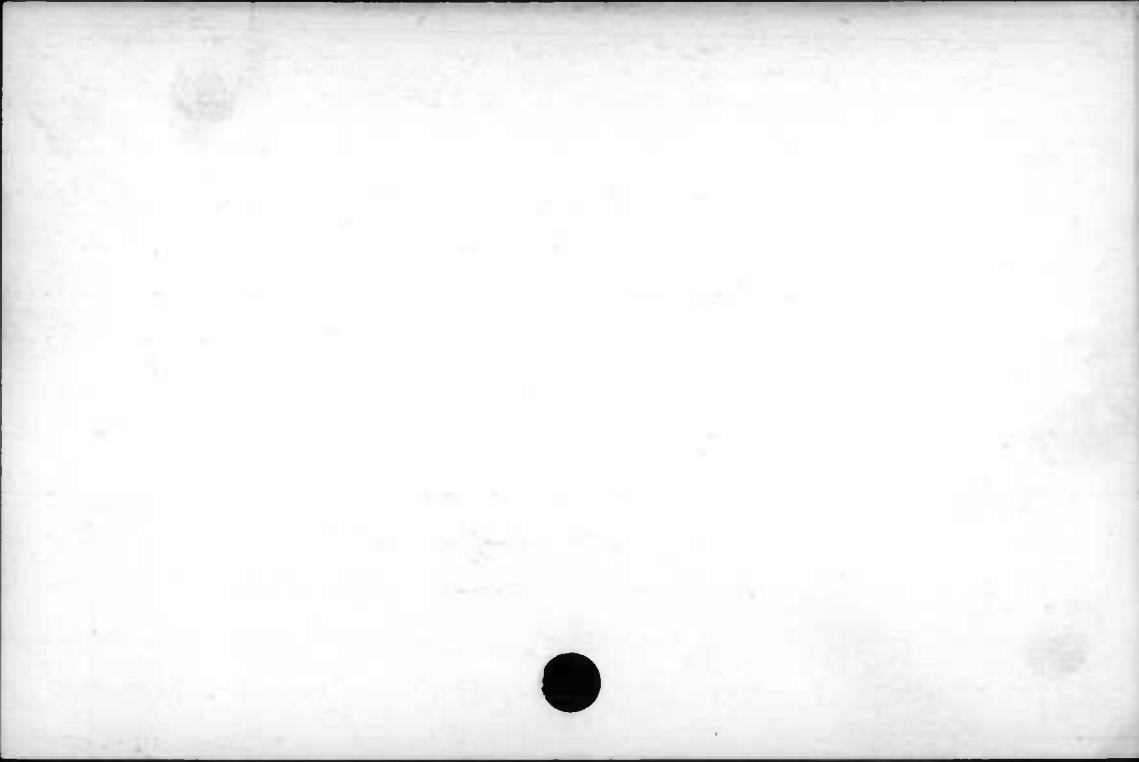
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor's Island</i> <small>Town</small> <i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i> <small>Month</small> <i>July</i> <small>Day</small> <i>26</i> <small>Years</small> <i>1</i> <small>Months</small> <i>11</i> <small>Days</small> <i>—</i>	Age <i>1</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Thos. H. Lewis</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mamie E. Robinson</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>T. H. Lewis</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ileo-Colitis</i>	How long <i>5 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. H. Shriver</i>
	Address <i>Taylor's Island</i>
Accident or Suicide? <i>—</i>	<i>Md</i>



Name
in
Full

Emily R. McCreary

CERTIFICATE OF DEATH

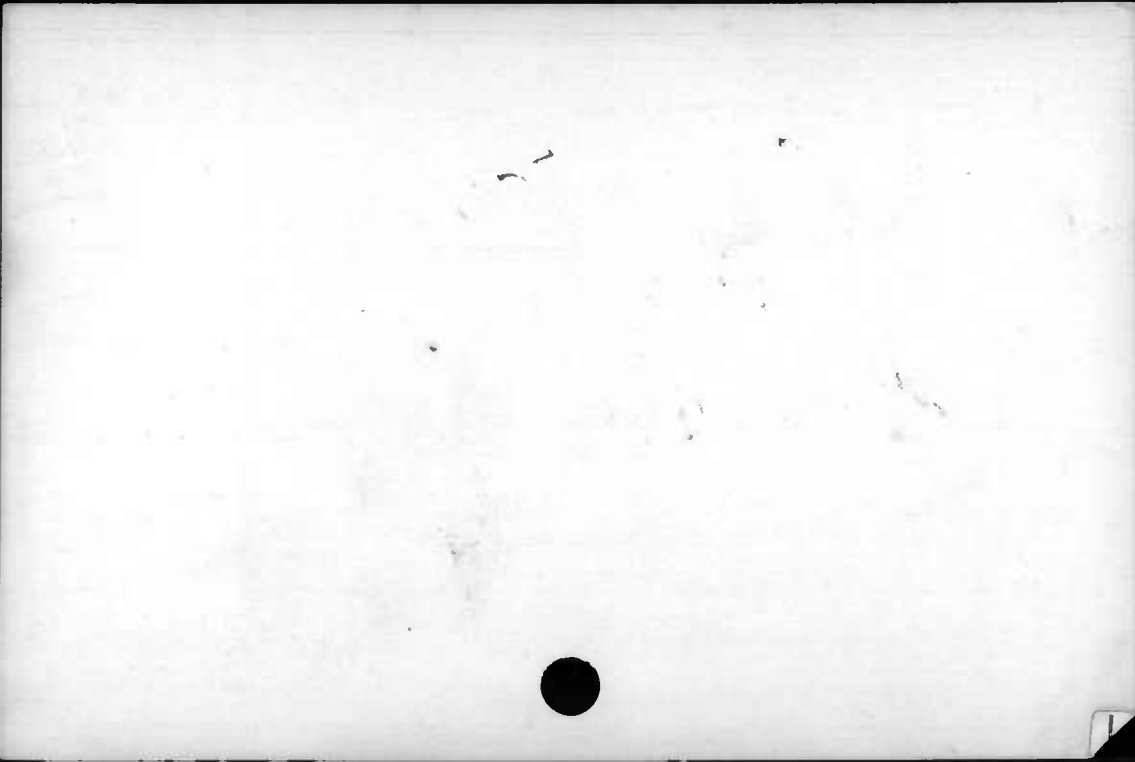
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cecil, Md.		County Dorchester		MARYLAND	
Date of death	1905	Month July	Day 19	Age Years	Months Days 36
Sex Female	Color or Race White		Birth- place Cecil, Md.		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name J W McCreary			Father's Birthplace Dorchester, Md.		
Mother's Maiden Name Anne B. Rode			Mother's Birthplace Kent, Md.		
Name of person giving Information Mrs J W McCreary			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mes-Colitis	How long	5 weeks
Immediate	Convulsions	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. W. Fisher, M.D.	
		Address Cecil, Md.	
Accident or Suicide?			



Name
in
Full

Mary V. Mc Donald

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>8</i>	Age <i>41</i>	Months <i>10</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>BLK.</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm. Mc Donald</i>				
Father's Name <i>Esro. Edw. McDonald</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Susan A. Warts</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Julia Lockman</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Don't know.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff M.D.</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

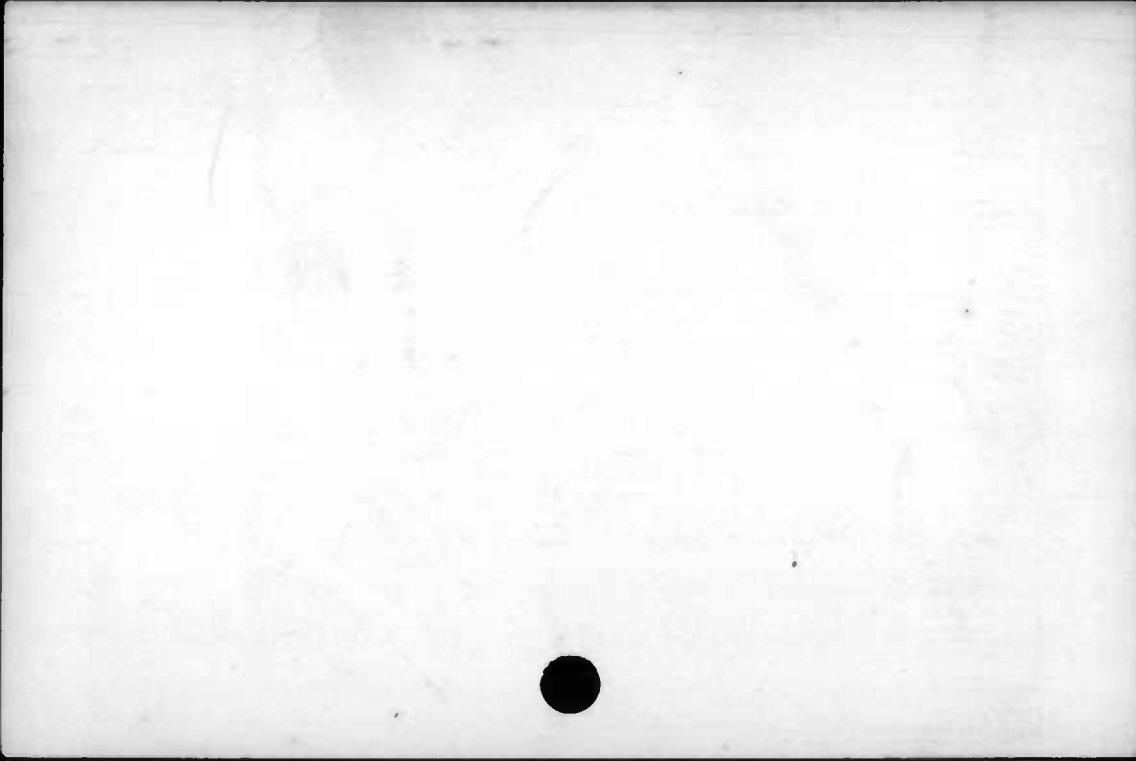
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>13</i>	Age <i>24</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Dorchester Co Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>East New Market Md</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Miss Margaret Gross</i>			How related to deceased <i>Wife's Nephew (Hospital)</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rupture of Bladder</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>B. H. Goldsborough</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name in Full *Fannie B. Merriek*

CERTIFICATE OF DEATH

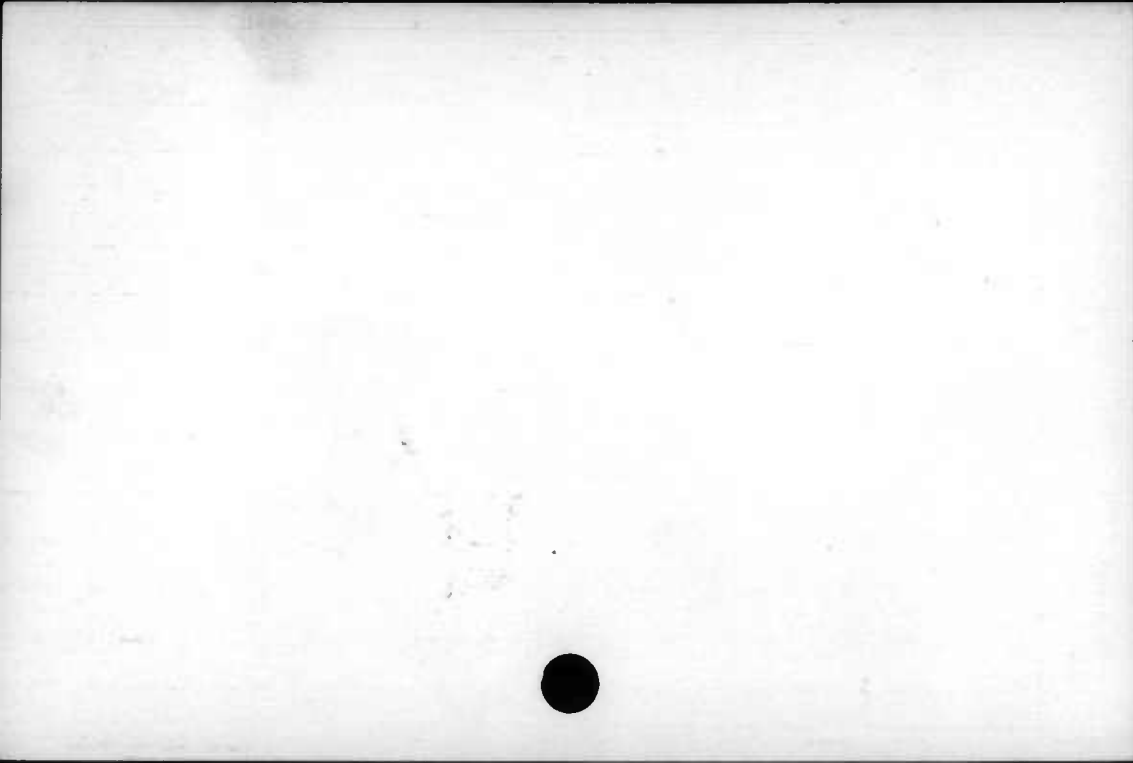
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Douglas</i> County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>22</i>
		Age	<i>23</i>	Years	
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>		Where Residing if not at place of death <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	<i>Lewis W. Merriek</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Mrs. Heurley</i>			Mother's Birthplace	<i>do</i>
Name of person giving information	<i>Wilton Merriek</i>			How related to deceased	<i>Bro.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Perforation of Bowel</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. M. Hanchy, Jr.</i>	
<i>yes</i>		Address <i>Cambridge</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Elinor Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Bishop's Head^{County} Dorchester

MARYLAND

Date of death 1905 ^{Month} July ^{Day} 15Age ^{Years} 76^{Months} 4^{Days} 3

Sex Female

Color or Race White

Birth-place Md

Occupation None

Where Residing if not
at place of death

Married, Single or Widowed Widowed

Name of Wife or
Husband

Father's Name Shadrach Mangote

Father's Birthplace Md

Mother's Maiden Name Mary Ann Elliott

Mother's Birthplace Md

Name of person giving
In formation Mary FoxwellHow related
to deceased Daughter

CAUSES OF DEATH

Primary Dysentery

How long One week

Immediate Cholera

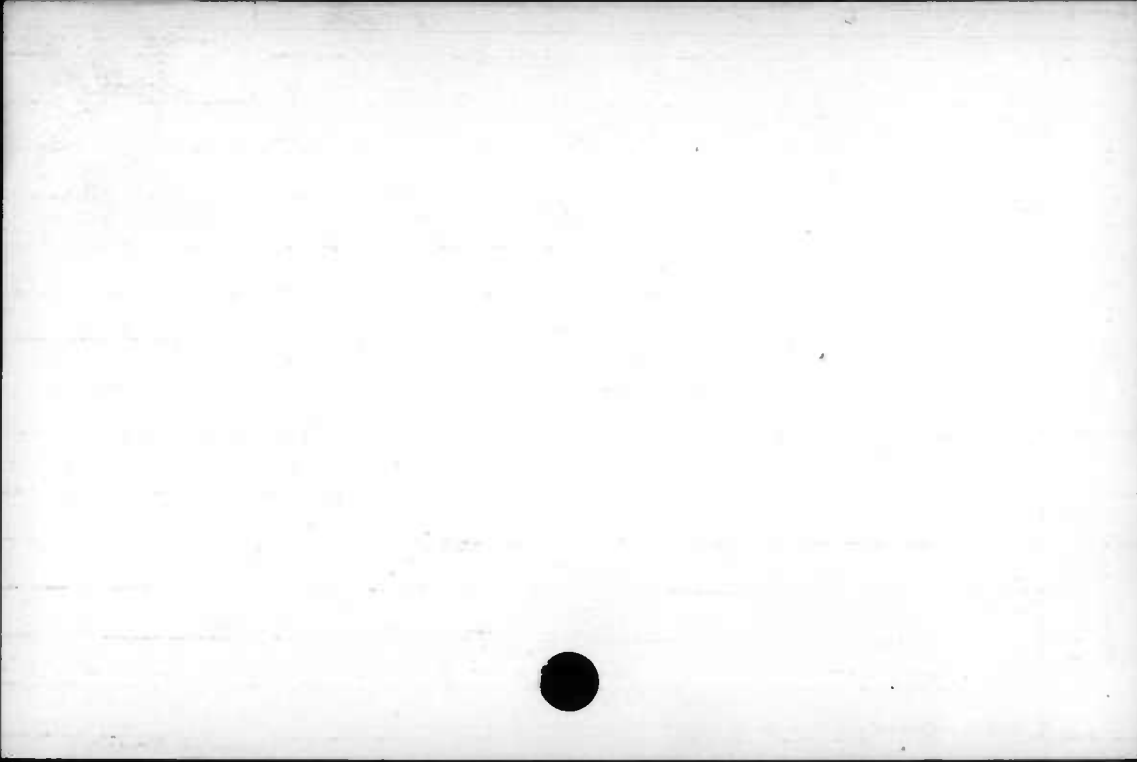
How long 1 day

Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Winfred Montgomery				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Lloyds		Borchester			
Date of death		1905	Month June	Day 11	Age Years	1	Months 2
						Days 15	
Sex		Male		Color or Race		negro	
Birth- place		Lloyds		Occupation		Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Jno W Montgomery				Father's Birthplace	
						bor. Co Ind	
Mother's Maiden Name		Mary J Bishop				Mother's Birthplace	
						bor. Co Ind	
Name of person giving in formation		Mary J Montgomery				How related to deceased	
						Mother	
CAUSES OF DEATH							
Primary		Enterocolitis				How long	
						7 wks	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						SA Stokes	
						Address	
						R 70 #5 Cambridge -md	
Accident or Suicide?							



Name
in
Full

John H Moon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cambridge^{County} Dorchester Co

Date of death 1905

Month

July

Day

23

Age

Years

68

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Dorchester Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sallie Telariages

Father's
Name

James Moore

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Lehman Harper

How related
to deceased

4 children

CAUSES OF DEATH

Primary

Bright's Disease

How long

9 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

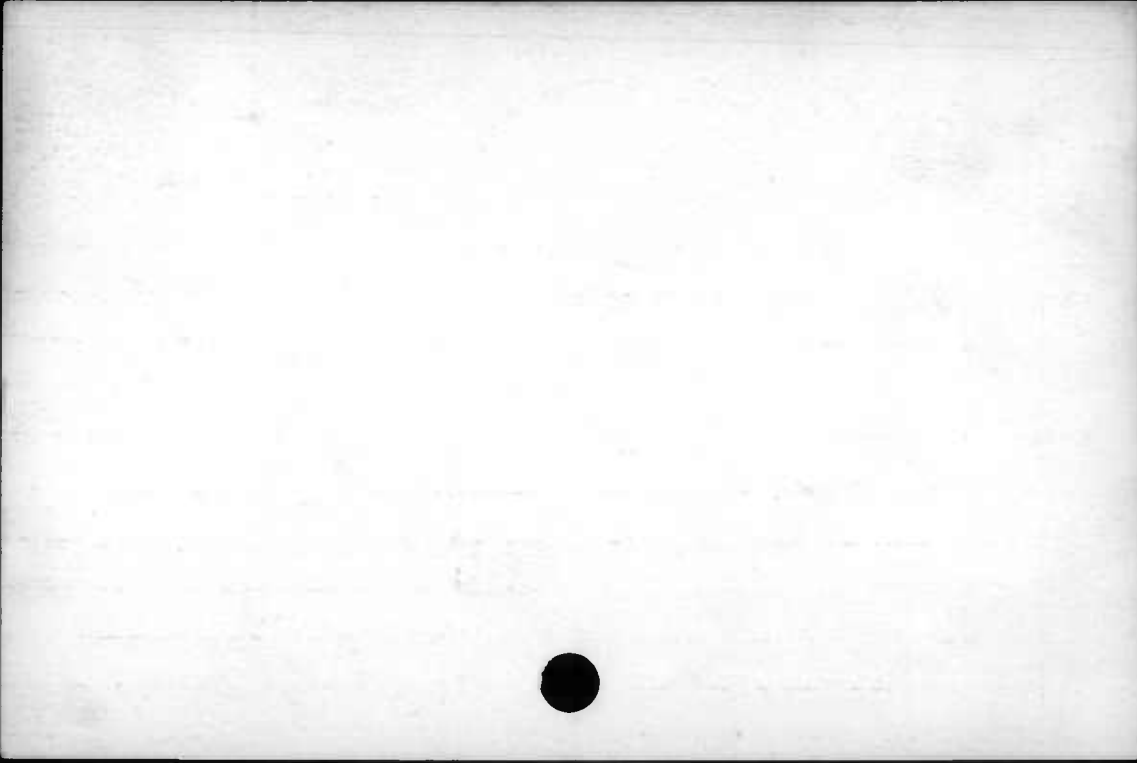
E. Wolff

Address

Cambridge
Dorchester Co

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Name in Full *Mary Nesbit*
 Died at *Linkwood* ^{Town} *for* ^{County} *for* ^{MARYLAND}
 Date 1905 *7* ^{Month} *14* ^{Day} *68* ^{Age} *68* ^{Y.} *68* ^{M.} *68* ^{D.} *68* ^{Native of} *Mad* ^{Occupation} *Seamstress*
~~Male~~ ^{Female} *Female* ~~White~~ ^{Colored} *Colored* ~~Married~~ ^{Single} *Single* ~~Widow~~ ^{Widower} *Widower* ^{Number of children living} *6*
~~Husband~~ ^{Wife} *Do not know* ^{Father's} *Do not know* ^{Mother's} *Do not know* ^{Name} *Do not know* ^{Maiden Name} *Do not know*
 Cause of *Remedy* *Pneumonia* ^{How long sick} *7 days*
 Death *Immediate* ^{Accident, Suicide, Homicide} *116*
 Reported by *A. Sayers*
 Address *East New Market Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Elsie Phelps

CERTIFICATE OF DEATH

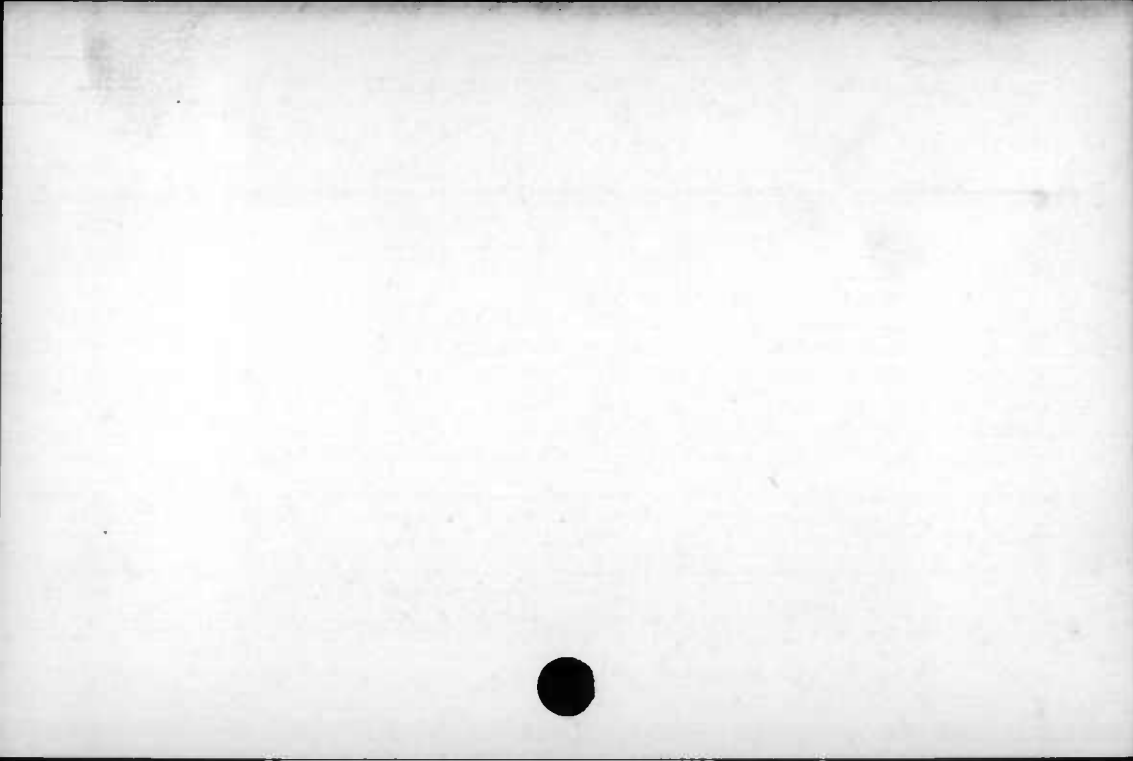
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	190 <u>5</u> July	Day <u>23</u>	Age <u>23</u> Years	Months <u>8</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Wm. Co. Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Francis P. Phelps</u>		Father's Birthplace <u>Wm.</u>			
Mother's Maiden Name <u>M. Stephenie Houston</u>		Mother's Birthplace <u>Wm Co. Md.</u>			
Name of person giving information <u>M. M. Phelps</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Hydrocephalus - Imbrile</u>	How long <u>all of life</u>
Immediate <u>Exhaustion from Epilepsy</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Guy Steile</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Baby Pitcher

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8-

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Samuel T. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>190</u> ^{Month} <u>July</u> ^{Day} <u>26</u> ^{Years} <u>65</u> ^{Months} <u>3</u> ^{Days} <u>27</u>		Age <u>65</u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Dr. Co. Md.</u>	
Occupation <u>Retired Merchant</u>		Where Residing If not at place of death <u>Wilmington Del.</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Mrs. E. Robinson</u>			
Father's Name <u>John W. Robinson</u>		Father's Birthplace <u>Dr. Co. Md.</u>			
Mother's Maiden Name <u>Elizabeth Smith</u>		Mother's Birthplace <u>Dr. Co. Md.</u>			
Name of person giving information <u>Sadie Robinson</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Central hemorrhage</u>	How long <u>1 month</u>
Immediate <u>Cerebral paralysis</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name in Full

Certificate of Death

D. A. Rue Jr

Died at *Cumtunda* Town *Franklin* County *Franklin* MARYLAND

Date 189 *05 23 70* Month *05* Day *23* Y. *4* M. *4* D. *4* Native of *Pa* Occupation *Cumtunda*
☒ Male ☐ White ☒ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife
Father's Name *D. A. Rue* Mother's Name *Sam L. Smith*

Cause of Death { Primary *Apoplexy* Immediate *Apoplexy* }
How long sick
(X) 9
Accident, Suicide, Homicide

Reported by *John M. Rue*
Address *Cumtunda*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Frank Snow

CERTIFICATE OF DEATH

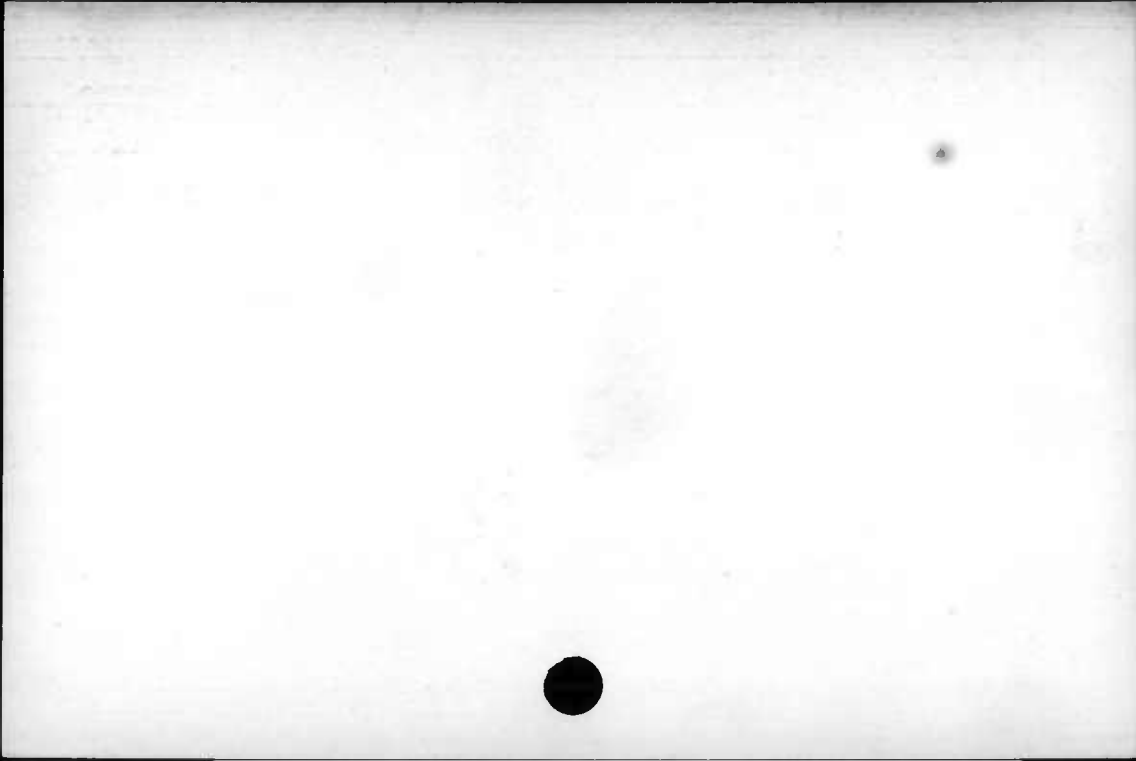
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>23</i>	Age	<i>52</i>
						Months	<i>2</i>
						Days	<i>15</i>
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind.</i>
Occupation	<i>Former</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married.</i>		Name of Wife or Husband	<i>Alice Snow</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Mrs. Snow</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Amoebic Dysentery</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Wolff</i>
		Address	<i>Cambridge, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

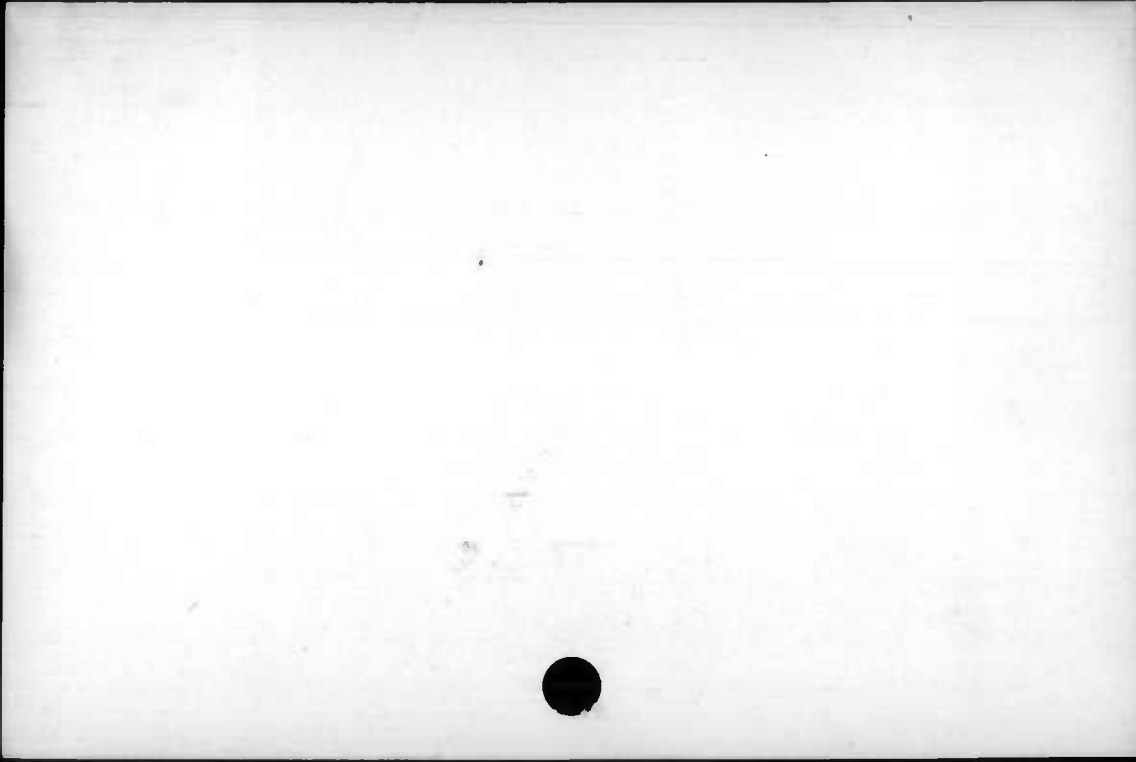
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Fred Thompson		Town Ariceps		County Brockton		MARYLAND	
Died at Ariceps		Month July		Day 6		Years 23	
Date of death 1901		Months —		Days 1			
Sex Male		Color or Race White		Birth-place Brockton			
Occupation Farmer				Where Residing if not at place of death 			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Thompson				Father's Birthplace Brockton			
Mother's Maiden Name Susan Parker				Mother's Birthplace Brockton			
Name of person giving information Ben Thompson				How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lymphoid fever		How long 2 weeks	
Immediate Infection of ducts		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Geary Steele	
		Address Cambridge Md.	
Accident or Suicide? 			



Name
in
Full

Infant - Turner

CERTIFICATE OF DEATH

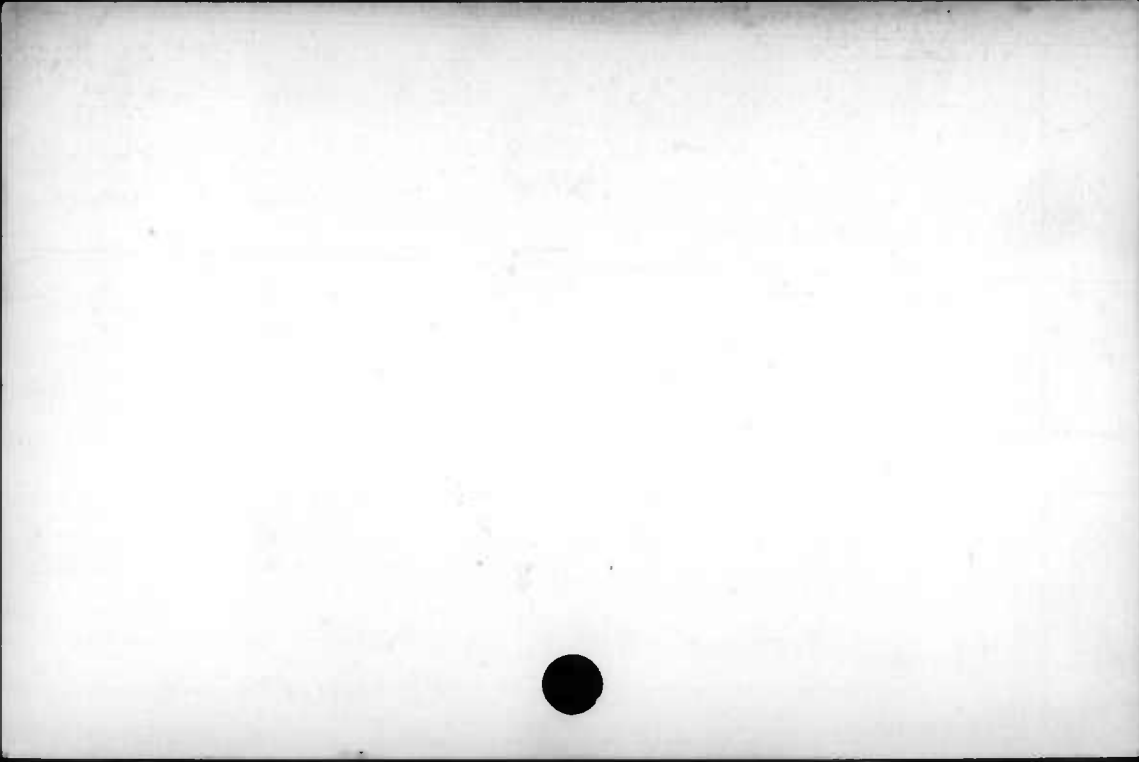
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Church Creek</i>		Town <i>Turner</i>		County <i>Dorchester Co</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>	Day <i>23rd</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>—</i>		Color or Race <i>White</i>		Birth-place <i>Dor. Co Md.</i>			
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Benjamin Turner</i>				Father's Birthplace <i>Dor. Co. Md.</i>			
Mother's Maiden Name <i>Mary E. Elsey</i>				Mother's Birthplace <i>Dor. Co. Md.</i>			
Name of person giving Information <i>Benjamin Turner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dont know</i>	How long <i>3 or 4 weeks</i>
Immediate <i>Dont know Probably</i>	How long <i>Dont know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Lathicum M.D.</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thomas Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cambridge* Town*Dorchester* County

Date

of death *1905*

Month

July

Day

14

Age

Years

49

Months

Days

Sex

*male*Color or
Race*Black*Birth-
place*Dorchester Md*

Occupation

*Laborer*Where Residing if not
at place of death*Salem Md*Married, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband*Ruth Whittington*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
Information*Miss Margaret Cross*How related
to Deceased*Kind nurse (Hospital)*

CAUSES OF DEATH

Primary

Systolic

How long

2 weeks

Immediate

E. L. Lumb

How long

*a few days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*B. M. G. L. Lumb*

Address

Cambridge Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sarah E Hilley

CERTIFICATE OF DEATH

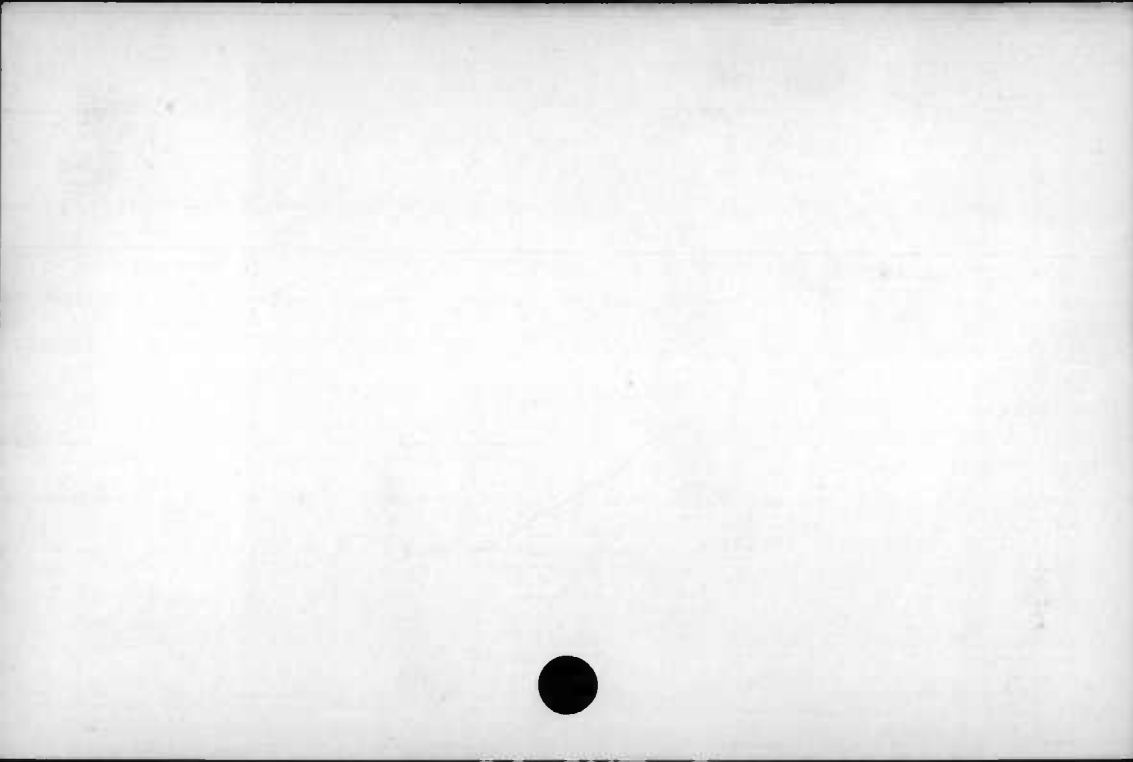
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakesville</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>July</i>	Day <i>5</i>	Age <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Seamstress</i>				
Name of Wife or Husband <i>George Hilley</i>					
Father's Name <i>William Nash</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Eliza Nash</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>George Hilley</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>1 month</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. A. P. Jones</i>
	Address <i>Chgo. Ill</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lawrence Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Madison</i>		^{County} <i>Dorchester</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>28</i>	Age <i>78</i>	Months <i>78</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>Rodger Woolford</i>			Father's Birthplace <i>Dor. Co. Md</i>		
Mother's Maiden Name <i>Annie Tall</i>			Mother's Birthplace <i>Madison Md</i>		
Name of person giving information <i>Annie Mills</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Entenitis</i>	How long <i>about 6 months</i>
Immediate <i>General exhaustion, heart failure</i>	How long <i>about a week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide?	

